

2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/23/2008-90013-023-\$150.00-\$150.00

DOCUMENT # P05000056536

1. Entity Name
ALEMANIA HOUSE SERVICES CORP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 PM 4:37

Principal Place of Business
10020 PENNSYLVANIA AVENUE
BONITA SPRINGS, FL 34135 US

Mailing Address
P.O. BOX 366205
BONITA SPRINGS, FL 34136-6205 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZINN, JOACHIM
10020 PENNSYLVANIA AVENUE
BONITA SPRINGS, FL 34135

Name
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ZINN, JOACHIM
STREET ADDRESS 10020 PENNSYLVANIA AVENUE
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joachim Zinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-08 239 980 6263
Date Daytime Phone #

5/23/08